

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Washington

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Washington County. The report is a PDF (Adobe Acrobat) document and includes a total of 61.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HORIZON MANOR INC (0017845)

**Address:** N112 W12850 MEQUON RD, GERMANTOWN, WI 53022

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/13/2019 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 2 of 61 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** REM WISCONSIN II GERMANTOWN (0008965)

**Address:** N116 W16105 MAIN ST, GERMANTOWN, WI 53022

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/7/2000 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141784      **End Date:** 11/5/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Y1EH11      Served 1/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/23/23	
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	2/23/23	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/23/23	

### Complaint History (REM WISCONSIN II GERMANTOWN--0008965)

**Date Complaint Received:** 3/7/2022

**Date Investigation Completed:** 11/5/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HOME CARE SOLUTIONS AT HOME (0016550)

**Address:** 341 E SUMNER STREET, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/17/2017 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141936      **End Date:** 1/19/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135260      **End Date:** 12/4/2020      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HOME CARE SOLUTIONS AT HOME--0016550)

**Date Complaint Received:** 1/13/2023

**Date Investigation Completed:** 1/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 12/29/2022

**Date Investigation Completed:** 1/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** JAMES COURT (0017106)

**Address:** 908 JAMES CT, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/11/2018 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140044      **End Date:** 7/6/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (JAMES COURT--0017106)

**Date Complaint Received:** 6/10/2022

**Date Investigation Completed:** 7/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SOUTH HARTFORD AFH (0014967)

**Address:** 3088 STATE HIGHWAY 83, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2014 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143104    **End Date:** 3/6/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QCVL12    Served 5/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0141549    **End Date:** 10/26/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QCVL11    Served 12/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/6/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/6/23	No

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (SOUTH HARTFORD AFH--0014967)

**Date:** 12/9/2022      **SOD #** QCVL11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (SOUTH HARTFORD AFH--0014967)

**Date Complaint Received:** 8/18/2022

**Date Investigation Completed:** 10/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** WINK HOME LLC (0013821)

**Address:** 1354 - 1356 PATTON DR, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/10/2011 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139416    **End Date:** 4/13/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #60R511    Served 5/2/2022

Deficiencies Cited

88.05(4)(b)2

Subject Area

SMOKE DETECTORS-TESTING AND  
MAINTENANCE

Compliance

Verified

6/15/22

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** BETTES FLATS (0018917)

**Address:** 1515 C Highway 175, Hubertus, WI 53033

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/12/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139271      **End Date:** 4/12/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** JACKSON MANOR LLC (0014847)

**Address:** N168W21041 MAIN ST, JACKSON, WI 53037

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/30/2013 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141556    **End Date:** 10/11/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #FH0711    Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	1/26/23	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/26/23	
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	1/26/23	
88.10(3)(b)	PRIVACY	1/26/23	

### Complaint History (JACKSON MANOR LLC--0014847)

**Date Complaint Received:** 10/29/2021

**Date Investigation Completed:** 10/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** B W STALWART HOME LLC (0018617)

**Address:** 530 WASHINGTON AVE, KEWASKUM, WI 53040

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/31/2021 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141594      **End Date:** 12/12/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137264      **End Date:** 8/31/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (B W STALWART HOME LLC--0018617)

**Date Complaint Received:** 12/6/2022

**Date Investigation Completed:** 12/12/2022

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received:** 11/29/2022

**Date Investigation Completed:** 12/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** B W STALWART HOME LLC (0018943)

**Address:** 409 KNIGHTS AVE, KEWASKUM, WI 53040

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/27/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140033      **End Date:** 6/27/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GATEWAY (0018178)

**Address:** 375 NORTH AVENUE, KEWASKUM, WI 53040

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/2020 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142167      **End Date:** 2/14/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135441      **End Date:** 12/17/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KEY HOUSE (0016204)

**Address:** 1146 FOND DU LAC AVENUE, KEWASKUM, WI 53040

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/16/2016 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141381      **End Date:** 11/11/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136507      **End Date:** 6/16/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134990      **End Date:** 10/20/2020      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (KEY HOUSE--0016204)

**Date Complaint Received: 8/1/2022**

**Date Investigation Completed: 11/11/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 2/19/2021**

**Date Investigation Completed: 6/16/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 1/4/2021**

**Date Investigation Completed: 6/16/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

NOT SUBSTANTIATED

**Date Complaint Received: 12/3/2020**

**Date Investigation Completed: 6/16/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 11/6/2020**

**Date Investigation Completed: 6/16/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 9/1/2020**

**Date Investigation Completed: 10/20/2020**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PORT PLACE (0018312)

**Address:** 703 N WISCONSIN ST, PORT WASHINGTON, WI 53074

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/9/2021 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0135610      **End Date:** 2/1/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (PORT PLACE--0018312)

**Date Complaint Received:** 1/17/2023

**Date Investigation Completed:** 6/1/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 6/6/2022

**Date Investigation Completed:** 6/1/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BETTES PLACE 2 (0018172)

**Address:** 1515 B HIGHWAY 175, RICHFIELD, WI 53076

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/27/2020 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0134782      **End Date:** 8/27/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BETTES PLACE I (0018014)

**Address:** 1515 A HIGHWAY 175, RICHFIELD, WI 53076

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/12/2020 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140918      **End Date:** 9/28/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139181      **End Date:** 4/4/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135533      **End Date:** 2/4/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134978      **End Date:** 10/12/2020      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IZPX11      Served 10/15/2020

Deficiencies Cited  
88.10(3)(c)

Subject Area  
CONFIDENTIALITY

Compliance  
Verified  
2/4/21

Corrected  
Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (BETTES PLACE I--0018014)

**Date:** 10/15/2020      **SOD #** IZPX11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (BETTES PLACE I--0018014)

**Date Complaint Received:** 9/16/2022

**Date Investigation Completed:** 9/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 4/15/2021

**Date Investigation Completed:** 4/4/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 9/24/2020

**Date Investigation Completed:** 10/12/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IZPX11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** RICHFIELD AFH (0012333)

**Address:** 2425 STATE ROAD 175, RICHFIELD, WI 530769718

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/27/2008 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** WAYNE MANOR AFH (0016961)

**Address:** 5743 COUNTY RD D, WAYNE, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/13/2018 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141677      **End Date:** 12/20/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** 17TH AVENUE ADULT FAMILY HOME (390116)

**Address:** 233 S 17TH AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/1996 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0135707      **End Date:** 3/2/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (17TH AVENUE ADULT FAMILY HOME--390116)

**Date Complaint Received:** 7/14/2020

**Date Investigation Completed:** 3/2/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A Different Living AFH LLC (0019012)

**Address:** 617 James Court, West Bend, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/21/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141576      **End Date:** 11/21/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A HEART OF GOLD ADULT FAMILY HOME LLC (0019302)

**Address:** 620 WELLINGTON DR, WEST BEND, WI 530902875

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/10/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141343      **End Date:** 11/10/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A HOME WITH TOUCH LLC (0018669)

**Address:** 1007 HIGH STREET, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2021 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143222    **End Date:** 3/21/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z11S11    Served 5/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A HOME WITH TOUCH LLC--0018669)

**Date Complaint Received: 12/13/2022**

**Date Investigation Completed: 3/21/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Allen Cares (0019351)

**Address:** 1804 Green Tree Rd, West Bend, WI 530901412

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/27/2023 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141969      **End Date:** 1/27/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Aniyahs House (0019051)

**Address:** 1063 Summer St, West Bend, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/11/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142308      **End Date:** 2/27/2023      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141053      **End Date:** 10/6/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** BENSON AND WALTON LOVING HANDS LLC (0018878)

**Address:** 1664 TERRY DALE DR, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/16/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139895      **End Date:** 6/14/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BEULAHGENE ASSISTANT LIVING INC (0018815)

**Address:** 6881 BECK LANE, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/16/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142219    **End Date:** 1/9/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ICR311    Served 2/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.09(1)(d)11	RESIDENT FUNDS		
88.10(2)	EXPLANATION OF RESIDENT RIGHTS		

**Survey ID:** 0138738    **End Date:** 2/16/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (BEULAHGENE ASSISTANT LIVING INC--0018815)

**Date:** 2/17/2023    **SOD #ICR311**    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (BEULAHGENE ASSISTANT LIVING INC--0018815)

**Date Complaint Received:** 12/14/2022

**Date Investigation Completed:** 1/9/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Blessings Home Care (0018976)

**Address:** 6851 Linda Drive, West Bend, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/22/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140114      **End Date:** 6/22/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BOBOLINK HOME (0013151)

**Address:** 834 BOBOLINK LN, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/3/2010 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139044      **End Date:** 3/23/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BRIGHTER VISION ADULT FAMILY HOME (0018467)

**Address:** 1100A W WASHINGTON ST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/15/2021 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0136484      **End Date:** 6/15/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BRYWEN LLC (0016295)

**Address:** 6799 DIANE DRIVE, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/4/2017 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0136291      **End Date:** 5/13/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6G9M11      Served 5/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/5/21	
88.04(2)(g)2	COMMUNICABLE DISEASE	7/5/21	

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** Compassionate Adult Family Home LLC (0018980)

**Address:** 1670 Terry Dale Drive, West Bend, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/29/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140023      **End Date:** 6/29/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DENNIS PATH ADULT FAMILY HOME (0009141)

**Address:** 1545 PAMME CT, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/11/2000 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139797      **End Date:** 6/7/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ELLENBECKER ADULT FAMILY HOME (0011481)

**Address:** 7463 BROOKHAVEN DR, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/16/2006 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140097      **End Date:** 7/8/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HIL CARRIE LANE (0009693)

**Address:** 1628 CARRIE LN, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2002 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140812      **End Date:** 9/20/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HIL MAGELLAN HOUSE (0009776)

**Address:** 212 S 16TH AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2002 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140978      **End Date:** 10/10/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Hope After Hardship Adult Family Home (0019238)

**Address:** 6849 Linda Dr., West Bend, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/25/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141165      **End Date:** 10/25/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** HUMBLE LIVING HOME ONE (0018889)

**Address:** 1124 WEST WASHINGTON ST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/23/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139059      **End Date:** 3/23/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** Humble Living Home Three (0019264)

**Address:** 925 Tower Lane, West Bend, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/18/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141072      **End Date:** 10/17/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Humble Living Home Two (0019263)

**Address:** 923 Tower Lane, West Bend, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/18/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141071      **End Date:** 10/17/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MEADOWBROOK HOME (0014003)

**Address:** 818 MEADOWBROOK DR, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/20/2011 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0138753      **End Date:** 2/15/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Miracles House (0019517)

**Address:** 443 S 5th Ave, West Bend, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/30/2023 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NEXT STEP IN RESIDENTIAL SER 7TH AVE HOUSE (0013689)

**Address:** 659 S 7TH AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/3/2011 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0136228      **End Date:** 5/13/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** NEXT STEP IN RESIDENTIAL SER SHERMAN WAY (0013883)

**Address:** 733 SHERMAN WAY, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/29/2011 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139783      **End Date:** 6/7/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NTABA FAMILY HOME LLC (0017108)

**Address:** 813 FAIRVIEW DR, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/22/2018 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139396    **End Date:** 3/23/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JOYS11    Served 4/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/12/22	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	6/12/22	

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** PEOPLESERVE LLC JEFFERSON (0015810)

**Address:** 1412 JEFFERSON ST, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/9/2015 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0137523      **End Date:** 10/12/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** POWER 2 GROUP HOME LLC (0018830)

**Address:** 1806 CREEK RD, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/7/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0138653      **End Date:** 1/7/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** POWER GROUP HOME LLC (0018683)

**Address:** 1808 CREEK DR, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/21/2021 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0137596      **End Date:** 10/21/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Promise SIL LLC (0019184)

**Address:** 1808 Creek Rd, West Bend, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/18/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141228      **End Date:** 10/17/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PS LLC - HILLCREST (0011184)

**Address:** 1017 HILLCREST ST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2005 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140088      **End Date:** 7/7/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** REGNER HOME NORTH (0015569)

**Address:** 529 N 10TH, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/6/2015 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0136508      **End Date:** 6/14/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #052F11      Served 6/17/2021

Deficiencies Cited  
88.06(2)(a)

Subject Area  
ADMISSION-HEALTH EXAM

Compliance  
Verified  
6/17/21

Corrected

### Enforcement History (REGNER HOME NORTH--0015569)

**Date:** 6/17/2021      **SOD #052F11**      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** REGNER HOME (0014710)

**Address:** 523 NORTH 10TH AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/8/2013 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0138737      **End Date:** 2/15/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** REM POLARIS (0014083)

**Address:** 618 POLARIS, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/22/2012 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139681      **End Date:** 5/26/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** REM WISCONSIN II JUDITH COURT (0009473)

**Address:** 706 JUDITH CT, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/3/2001 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143094      **End Date:** 3/1/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139401      **End Date:** 3/23/2022      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4ZW112      Served 4/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(i)	BATHROOM LOCK		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(a)	RESIDENT RECORDS		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0137515    **End Date:** 8/5/2021    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4ZW111    Served 10/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	3/22/22	Yes

**Survey ID:** 0134743    **End Date:** 8/28/2020    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (REM WISCONSIN II JUDITH COURT--0009473)

**Date:** 4/29/2022    **SOD #**4ZW112    **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 10/18/2021    **SOD #**4ZW111    **Appealed:** No

Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (REM WISCONSIN II JUDITH COURT--0009473)

**Date Complaint Received:** 9/21/2020    **Date Investigation Completed:** 8/5/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	4ZW111

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Valley View AFH (0018916)

**Address:** 246 Green Valley Place, West Bend, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/18/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** WASHINGTON HOME (0012010)

**Address:** 2030 E WASHINGTON ST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/28/2007 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0136970      **End Date:** 8/10/2021      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WASHINGTON HOME--0012010)

**Date Complaint Received:** 2/24/2021

**Date Investigation Completed:** 8/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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